AMENDMENTS TO THE CLAIMS

1. (Currently Amended) A minimally invasive surgical method, comprising:

forming an incision through tissue located adjacent to a vertebra in a patient's spinal column;

identifying a muscle plane between muscles;

inserting a substantially planar blunt tip of a tool through the incision while manipulating the blunt tip along the muscle plane extending between the incision and the vertebra to separate the muscles and thereby form a pathway;

placing a spinal screw through the first pathway, the spinal screw having a percutaneous access device mated thereto;

advancing the spinal screw with the percutaneous access device mated thereto along the pathway to the vertebra; and

placing a fixation rod lengthwise through the pathway in an orientation substantially parallel to a longitudinal axis of the pathway.

2. (Original) The method of claim 1, wherein the longissimus thoracis and multifidus muscles are separated.

3. (Original) The method of claim 1, wherein the incision is a minimally invasive percutaneous incision.

4. (Original) The method of claim 1, further comprising inserting a guide wire through a lumen extending through the tool.

5. (Original) The method of claim 4, wherein the guide wire extends into the vertebra.

6. (Original) The method of claim 4, further comprising removing the tool from the guide wire such that the guide wire extends between the incision and the vertebra.

7. (Original) The method of claim 6, ~~further comprising delivering a spinal anchor~~wherein the spinal screw is delivered along the guide wire and ~~implanting~~ implanted ~~the spinal anchor~~ in the vertebra.

8. (Original) The method of claim 6, further comprising inserting a plurality of dilators over the guide wire to dilate tissue surrounding the guide wire.

9. (Original) The method of claim 8, further comprising inserting a cannula over the plurality of dilators and removing the dilators.

10. (Original) The method of claim 9, ~~further comprising delivering a spinal anchor~~wherein the spinal screw is delivered through the cannula.

11. (Original) A minimally invasive surgical method, comprising:

making a first incision in a patient;

inserting a blunt tip of a tool through the first incision and manipulating the blunt tip to create a first pathway from the first incision, between a muscle plane, to a first site on a first vertebral body;

advancing a guide wire through the tool to position a distal end of the guide wire adjacent the first site;

removing the tool and advancing a first implant along the guide wire to the first site on the first vertebral body; and

placing a fixation element through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway, and coupling a portion of the fixation element to the first anchor.

12-13. (Cancelled).

14. (Original) The method of claim 11, further comprising:

making a second incision in a patient;

inserting a blunt tip of a tool through the second incision and manipulating the tool to create a second pathway from the second incision, between a muscle plane, to a second site on a second vertebral body; and

advancing a guide wire through the tool to position a distal end of the guide wire adjacent to the second site.

15. (Original) The method of claim 14, further comprising removing the tool and advancing a second implant along the second pathway to the second site on the second vertebral body.

16. (Original) The method of claim 15, further comprising placing a fixation element through the first pathway and coupling a portion of the fixation element to the first and second implants.

17. (Original) The method of claim 16, wherein the fixation element is inserted through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway.

18-24. (Canceled).

25. (New) The method of claim 11, wherein a percutaneous access device is coupled to the first implant as the first implant is advanced along the guide wire to the first site on the first vertebral body.